



# LEAD ABATEMENT PROJECT NOTIFICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

LEAD POISONING PREVENTION PROGRAM

1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612

1-866-UNLEADED www.unleadedks.com

## GENERAL INFORMATION

You must submit a completed *Lead Abatement Project Notification* form to KDHE at least **ten business days before** the onset of a lead abatement project. A *Lead Abatement Project Re-Notification* must be submitted if there are **any** changes to this initial project notification.

A **completed project notification** includes:

1. The information requested on this form
2. The nonrefundable lead abatement project fee (1% of each project or \$50, whichever is greater), payable to KDHE.
3. A copy of the contract, showing the dollar amount for this project.
4. A copy of the Occupant Protection Plan, which is unique to each project.
5. A copy of the detailed work plan that includes specific dates and times of abatement activities, which are unique to each project.

• **Please type or print legibly.**

• **Mail completed application to:**

Kansas Department of Health & Environment,  
Attn: Lead Poisoning Prevention Program, Curtis Building,  
1000 SW Jackson, Suite 330, Topeka, KS 66612-1274.

### KDHE USE ONLY

Date \_\_\_\_\_  
Application \_\_\_\_\_  
Contract \_\_\_\_\_  
OPP \_\_\_\_\_  
Work-Plan \_\_\_\_\_  
Payment: \_\_\_\_\_ Check#: \_\_\_\_\_

## PART A. PROJECT INFORMATION (additional pages must be attached, include all locations of structures being abated)

PROJECT ADDRESS (STREET)		CITY	STATE	ZIP	COUNTY
PROPERTY OWNER NAME	STREET	CITY	STATE	ZIP	TELEPHONE NUMBER (____)____-____

Total Cost of Project \_\_\_\_\_ ☐ 1% Fee \_\_\_\_\_ ☐ \$50 Fee Attach contract and submit the greater of 1% or \$50.

Type of structure being abated (Check all that apply)

☐ Dwelling (Single Family) ☐ Dwelling (Multi-family) ☐ Child-occupied facility (K.A.R. 28-72-1 (m)) ☐ Other Structures (Please Describe)\_\_\_\_\_

Lead abatement project strategy (Check all that apply)

☐ Replacement ☐ Enclosure ☐ Encapsulation ☐ Removal

Residents will be: ☐ Present during work hours ☐ Absent during work hours ☐ Relocated during project ☐ Property is vacant

Project Start Date: \_\_\_\_\_ Estimated Project Completion Date: \_\_\_\_\_ Project Work Hours: \_\_\_\_\_

**Attach detailed work plan that includes specific dates and times of abatement activities. If changes occur to the dates or times listed notify KDHE at least 24 hours in advance of change. Changes caused by weather conditions do not require notice.**

## PART B. PROJECT PERSONNEL (additional pages may be attached)

LEAD ABATEMENT CONTRACTOR NAME	ADDRESS	TELEPHONE NUMBER (____)____-____	LICENSE NUMBER
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Lead Abatement Project Supervisor(s)

Name	KDHE Certificate # / Expiration Date	Name	KDHE Certificate # / Expiration Date

Lead Abatement Project Workers: Attach additional sheet if necessary.

Name	KDHE Certificate # / Expiration Date	Name	KDHE Certificate # / Expiration Date

**NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE PROJECTS' LEAD ABATEMENT SUPERVISOR(S) LISTED ABOVE.**

**I hereby certify that all of the information provided in this initial notification is complete and true to the best of my knowledge.**

SIGNATURE OF LEAD ABATEMENT SUPERVISOR	DATE
SIGNATURE OF LEAD ABATEMENT SUPERVISOR (if more than one)	DATE